

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 1	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	A	LED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
			IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
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42		/					92				
43		/					93				
44		/					94				
45		/					95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				